



# MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE  
PO BOX 200139  
HELENA MT 59620-0139  
406 444-3134

TRS Office Use Only

## RECORD FOR MEMBERSHIP

ALL REQUESTED INFORMATION MUST BE TYPED OR PRINTED LEGIBLY IN DARK INK.

**IMPORTANT:** This information must be complete and accurate in every detail. It is a legal document and serves as the basis for all membership privileges and responsibilities. It also provides positive identification for the management of the member's Montana Teachers' Retirement System (TRS) account. Unless a signed release is on file with the TRS, information concerning member accounts will be provided to members only. **Please DO NOT complete this form if you are receiving a monthly benefit from the Montana TRS.**

\_\_\_\_\_  
(Member's Printed Name) (M/F) (Social Security Number) \_\_\_\_\_

\_\_\_\_\_  
(Mailing Address – Including City, State & Zip+4 Code (If unknown, use 5-digit Zip Code))

\_\_\_\_\_  
(Area Code and Telephone Number) (Date of Birth)

### Current Employer:

\_\_\_\_\_  
(School District, University, or Institution) (Position/Title)

\_\_\_\_\_  
(City) (Employer) (School Year)

### Prior Service:

Date of last service as an educator employed by a public employer in Montana prior to this year: \_\_\_\_\_  
Month/Year

\_\_\_\_\_  
(School District, University, or Institution in which last employed)

Have you ever withdrawn your account balance from the Montana TRS? ☐ YES ☐ NO

If 'YES', date service was withdrawn: \_\_\_\_\_ Last name at the time of withdrawal: \_\_\_\_\_

Have you ever been employed in Montana by the State, a city, or a county other than as a teacher? ☐ YES ☐ NO

Have you ever been employed in a public, state-supported, or private school as a teacher in another state? ☐ YES ☐ NO

If 'YES', please list the location(s), date(s), and retirement system(s) to which you were reported:

\_\_\_\_\_  
(Location) (Dates: From To) (Retirement System)

\_\_\_\_\_  
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\_\_\_\_\_  
(Location) (Dates: From To) (Retirement System)

\_\_\_\_\_  
(Member's Signature) (Date)

IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT OF 1992,  
ALTERNATIVE ACCESSIBLE FORMATS OF THIS DOCUMENT WILL BE PROVIDED UPON REQUEST